Pode OCO 9/17 TRANSMITTAL LETTER

Department of State Division of Corporations P. O. Box 6327 Tallahassee, FL 32314

100004788021--5 -01/22/02--01054--002 ******78.75 ******78.75

SUBJECT: (PROPOSED CORPORATE NAME - MUST INCLUDE SUFFIX)

OI-20-02

Enclosed are an original	ginal and one (1) copy of the arti	cles of incorporation and	l a check for:	
\$70.00 Filing Fee	\$78.75 Filing Fee & Certificate of Status	□ \$78.75 Filing Fee & Certified Copy	☐ \$87.50 Filing Fee, Certified Copy & Certificate of Status	
		ADDITIONAL COPY REQUIRED		
FROM:	JAREN EX	Printed or typed)	O AND ASS	F 11.
7	1771 47 7	ddress	SEE FL	2 11 9
1	FINELLAS S	State & Zip	33187	20
-	121 Way	P-0100		

NOTE: Please provide the original and one copy of the articles.

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ARTICLES OF INCORPORATION 'In compliance with Chapter 607 and/or Chapter 621, F.S. (Profit) ARTICLE I NAME The name of the corporation shall be: ARTICLE II PRINCIPAL OFFICE The principal place of business/mailing address is: The purpose for which the corporation is organized is: EFFECTIVE DATE 01-20-02 ARTICLE IV SHARES The number of shares of stock is: INITIAL OFFICERS/DIRECTORS (optional) The name(s), address(es) and title ICLÉ VI The <u>name and Florida street address</u> of the registered agent is: ARTICLE VII INCORPORATOR The name and address of the Incorporator is Having been named as registered agent to accept service of process for the above stated corporation at the place designated in this certificate, I am familiar with and accept the appointment as registered agent and agree to act in this capacity Signature/Registered Agent

Signature/Incorporator